

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 1 2

2. STATE:

OKLAHOMA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

05-17-01

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1905(a) (13)

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 23,625.00

b. FFY 2002 \$ 44,500.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, Page 1a-6

Attachment 3.1-B, Page 2a-5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Same Page, Revised 12-31-98, TN#98-24

Same Page, Revised 12-31-98, TN#98-24

10. SUBJECT OF AMENDMENT:

Clarifying provider requirements for psychological services.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Michael Fogarty

13. TYPED NAME:

Michael Fogarty

14. TITLE:

Chief Executive Officer

15. DATE SUBMITTED:

6-27-01

16. RETURN TO:

Oklahoma Health Care Authority

Attn: Billie Wright

4545 N. Lincoln, Suite 124

Oklahoma City, OK 73105

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

June 29, 2001

18. DATE APPROVED

June 29, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

June 29, 2001

20. SIGNATURE OF REGIONAL OFFICIAL

Debbie Crumley

21. TYPED NAME

Debbie Crumley

22. TITLE

Associate Regional Administrator
Division of Medicaid and State Operat

23. REMARKS

c: Mike Fogarty
Jim Hancock
Billie Wright

State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY**

4.b. Early and periodic screening and diagnosis of individuals under 21 years of age,
and treatment of conditions found

Early and Periodic Screening, Diagnosis and Treatment Services for each eligible individual under 21 years of age include payment for the following:

- (1) Child Health Screening Examinations by a licensed medical or osteopathic physician. Scheduled screenings include: Six screenings by the first year of life; two screenings in the second year; one screening yearly for ages 2 through 5 years; and one screening every other year for ages 6 through 20 years.
- (2) Diagnostic x-rays, lab, and/or injections when prescribed by a physician.
- (3) Outpatient care for medically necessary ancillary services.
- (4) Dental services include: inpatient services in an eligible participating hospital; two outpatient dental screenings: one set of bite wing x-rays; two oral prophylaxis and two topical fluoride treatments each twelve months; emergency services for relief of pain and/or acute infection; limited restoration, repair and/or replacement of dental defects; other dental services require a prior authorization.
- (5) Optometrists' services - visual screening or visual analysis and glasses.
- (6) Hearing aid evaluation and purchase of a hearing aid when prescribed as a result of the hearing aid evaluation.
- (8) Medication - Medically necessary prescriptions not covered by the Vendor Drug Program.
- (8) Psychological services -. In accordance with the State Practice Act for Psychologists, psychotherapy services may be provided in outpatient settings including the office, clinic, patient's' home or hospital where this service is not a part of the per diem reimbursable cost of the facility.

Revised 05-17-01

TN# <u>01-12</u>	Approval Date <u>07-24-01</u>	Effective Date <u>05-17-01</u>
Supersedes		
TN# <u>98-24</u>		
STATE <u>OKlahoma</u>		A
DATE REC'D <u>06-29-01</u>		
DATE APPV'D <u>07-24-01</u>		
DATE EFF <u>05-17-01</u>		
HCFA 179 <u>OK-01-12</u>		

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups

4.b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found

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